

## **Copayment Changes Effective June 1, 2016**

- Effective June 1, 2016, Medicaid members will have the following changes to copayment amounts.
  - Copayments may not exceed a combined limit of 5% of the family's household income quarterly. Copayments may not be applied once the household has met the quarterly cap.
  - Copayments may not be charged to the member until the provider's claim has been processed, the provider has been notified of payment, and the amount the member owes. Providers cannot deny services if the member is at or below 100% of the federal poverty level (FPL) and is unable to pay copayments. However, the member is still responsible for paying any copayments owed to the provider.
  - Members with income above 100% of the FPL will be responsible for a 10% copayment of the provider's reimbursed amount for any Medicaid covered service. Except for outpatient prescriptions which the member is responsible for a \$4 copayment for preferred brand drugs, and an \$8 copayment for non-preferred and specialty drugs.
  - Members listed below will no longer have copayments:
    - American Indians/Alaska Natives who are eligible for or have received a service from a Tribal health, Urban Indian clinic, or Indian Health Service (IHS) provider;
    - Terminally ill members receiving hospice services; and
    - Members who are receiving services under the Medicaid breast and cervical cancer treatment category.
  - Members with income at or below 100% of the FPL will be responsible for the new copayment amounts listed below:
    - Outpatient generic prescriptions will have no copayment. Preferred brand drugs will have a \$4 copayment. Non-preferred brand and specialty drugs will have an \$8 copayment.
    - Copayments for the following services will go from \$3 to \$4:
      - Dental,
      - Home health,
      - Licensed Professional Counselor (LCPC),
      - Psychologist,
      - Licensed Clinical Social Worker, and
      - Speech therapy.
    - Copayments for the following services will go from \$2 to \$4:
      - Audiology,
      - Hearing aids,
      - Occupational therapy,
      - Optician/Optomeric, and
      - Physical therapy.
    - Copayments for public health clinic services will go from \$1 to \$4.



- Copayments for the following services will go from \$0 to \$4:
  - Home dialysis attendant,
  - Personal assistance,
  - Independent lab and x-ray,
  - Mental health clinic,
  - Chemical dependency, and
  - Targeted case management.
- The services listed below will no longer require a copayment:
  - Provider preventable healthcare acquired conditions,
  - Generic drugs, and
  - Approved preventive.

This notice as well as the Montana Medicaid and Healthy Montana Kids *Plus* Member Guide can be found at <http://dphhs.mt.gov/MontanaHealthcarePrograms>. For questions, call the Medicaid Member Help Line at 1-800-362-8312 Monday through Friday 8 a.m. to 5 p.m.